

- Arthritis Associates, a Division of Connecticut Family orthopedics, P.C.
27 Hospital Avenue, Danbury, CT 06810

This health information may be disclosed to and used by:

(Name and address of person/entity to receive and use the health information)

The information may be used and disclosed only for the following purposes (if you do not want to explain the purpose, write “At the request of the individual”):

I understand that my health care treatment or benefits will not be affected whether I sign or do not sign this form.

Effect of Refusal to Sign Authorization

I understand that my refusal to sign this Authorization will not jeopardize my right to obtain present or future treatment for psychiatric disabilities except where disclosure of the information is necessary for the treatment.

Marketing

I This authorization authorizes marketing activities.
This medical practice I will I will not receive direct or indirect compensation.

I understand that I may revoke this authorization at any time by notifying this medical practice in writing. My revocation will not affect actions taken by this medical practice prior to its receipt.

I understand that, if the recipient of the information is not a health care provider or health plan covered by the federal Privacy Rule, the information used or disclosed as described above may be redisclosed by the recipient and no longer protected by the Privacy Rule. However, other state or federal law may prohibit the recipient from disclosing specially protected information, such as substance abuse treatment information, HIV/AIDS-related information, and psychiatric/mental health information.

This authorization is effective now and will remain in effect until _____
(Expiration event or date)

I understand that I have the right to receive a copy of this authorization.

Signed: _____ Dated: _____

Print Name: _____

If not signed by the patient, please indicate relationship: _____

Please note: All information must be completed or this authorization will be considered invalid or not HIPAA compliant and records will not be released.